






Submit Dental Claims Online (Direct Data Entry) Quick Reference

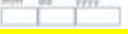





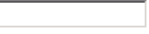










Business Rules

- Fields marked with an asterisk (*) are required and must be completed for the Claim to be submitted successfully.
- DDE is available only for **original** claim submission; not for Adjustments or Voids.
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instructions.

Action	Submit Dental Claims Online – Submit Claims	Notes
Submit Claims	<ol style="list-style-type: none"> 1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access 2. Click the Claims tab at the top of the page 3. Click on the Claim Submission hyperlink 4. Click the Submit Dental claim type hyperlink 	<ol style="list-style-type: none"> 5. The Submit Dental Claim page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the “Beneficiary” hyperlink causes the page to scroll to the Beneficiary section of the page. 6. Enter claim data from ADA form into appropriate fields.
Action	Submit Dental Claims Online – Provider Information	Notes
Provider Information	<ol style="list-style-type: none"> 1. The Provider ID number under the Provider Information Section at the header level of the claim will be populated with the NPI of the Domain you have entered into the system under <div>Provider ID: <input type="text" value="1234567890"/></div> 2. The Type from the drop down lists will be populated with type NPI <div>Type: <input type="text" value="NPI"/></div> 3. Optionally, enter the Taxonomy Code <div>Taxonomy Code: <input type="text"/></div> 4. Select “Yes” or “No” for the “Is the Billing Provider also the Rendering Provider?” question 5. Select “Yes” or “No” for the “Is the Billing Provider also the Supervising Provider?” question 6. Select “Yes” or “No” for the “Is this service the result of a referral?” 	<ul style="list-style-type: none"> • You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on My Inbox and select Change Profile. • If “NO” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a Taxonomy Code. • If “NO” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a Taxonomy Code. • If “YES” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a Taxonomy Code.

		<ul style="list-style-type: none"> When Billing Provider, Rendering Provider, Pay to Provider and Referring Provider numbers are entered, they must refer to different providers, with the following exception – the Billing Provider can also be the Rendering Provider as long as he/she is not enrolled as Rendering/Service Only.
Action	Submit Dental Claims Online – Beneficiary Information	Notes
Beneficiary Information	<ol style="list-style-type: none"> Enter the Beneficiary ID Beneficiary ID: <input type="text"/> * Enter the Beneficiary's Last Name Last Name: <input type="text"/> * Enter the Beneficiary's First Name First Name: <input type="text"/> * Optionally, enter the Beneficiary's Middle Initial (MI) MI: <input type="text"/> Optionally, enter the Beneficiary's Suffix Suffix: <input type="text"/> Enter the Beneficiary's Date of Birth Date of Birth: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy * Select an option from the Gender drop-down list Gender: <input type="text"/> * Select "Yes" or "No" form the "Does the beneficiary have insurance other than Medicaid?" question 	<ul style="list-style-type: none"> Examples of a Suffix are: Jr. or Sr. Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format. If "YES" is selected, see "Submit Claims Online – Other Insurance Information" section below, steps 7-11.
Action	Submit Dental Claims Online – Other Insurance Information	Notes
Other Insurance Information	<ol style="list-style-type: none"> Select an option in the Payer Responsibility Code drop-down list Payer Responsibility Code: <input type="text"/> * Optionally, enter Remittance Date Remittance Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy Enter the Payer ID Number Payer ID Number: <input type="text"/> * Optionally, enter the Subscriber Member ID Subscriber Member ID: <input type="text"/> Optionally, enter the Subscriber's Last Name, First Name, Middle Initial (MI), and Suffix where appropriate Enter the Insured's Group or Policy Number Insured's Group or Policy Number: <input type="text"/> * Select an option in the Beneficiary's Relationship drop-down list Beneficiary's Relationship: <input type="text"/> * Select an option in the Claim Filing Indicator drop-down list 	<ul style="list-style-type: none"> For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence. Provider can submit up to 3 other insurances. The list of Payer ID Numbers can be found on www.michigan.gov/medicaidproviders >>Billing and Reimbursement >>Third Party Liability For Remittance Date list the EOB date of the primary carrier When Beneficiary's relationship is any value other than "self", Subscriber Member ID, Last and First name must be entered

	<p>Claim Filing Indicator : <input type="text"/> *</p> <p>9. Enter an amount in the Total COB Payer Paid Amount field Total COB Payer Paid Amount: \$ <input type="text"/> *</p> <p>10. Click the Add Another Add Another hyperlink to add additional insurance information then repeat Steps 1 – 11</p>	
		<ul style="list-style-type: none"> Total COB Payer Paid Amount may be “zero”.
Action	Submit Dental Claims Online – Claim Information	Notes
Claim Information	<p>1. Enter the Patient Account Number: <input type="text"/> *</p> <p>2. Enter the Place of Service: <input type="text"/> *</p> <p>3. Optionally, enter the Appliance Placement Date: <input type="text"/> mm dd yyyy</p> <p>4. Enter Service Start and End Date: Service Start Date: <input type="text"/> mm dd yyyy * Service End Date: <input type="text"/> mm dd yyyy *</p> <p>5. Enter Prior Authorization/Referral Number information if applicable</p> <p>a. Enter the Prior Authorization Number Prior Authorization Number: <input type="text"/> *</p> <p>b. Select “Yes” or “No” if the Prior Authorization is a MDCH PA MDCH PA: <input type="radio"/> Yes <input type="radio"/> No</p> <p>c. Enter the Referral Number</p> <p>6. To add a Delay Reason, do the following:</p> <p>a. Click the red  to expand the Delay Reason section</p> <p>b. Optionally, select an option in the Delay Reason drop-down list <input type="text"/> Delay Reason Code: <input type="text"/> *</p> <p>7. To add a Claim Note, do the following:</p> <p>a. Click the red  to expand the Claim Note section</p> <p>b. Enter information in the Claim Note field</p>	<ul style="list-style-type: none"> There are multiple categories marked with a . These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed. Patient Account Number: <ul style="list-style-type: none"> Once entered can be used as a filter by function when Inquiring on the claim. Prior Auth/Referral Number <ul style="list-style-type: none"> When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required. The referral number can be used if the claim includes a second prior authorization number. Accident Related: <ul style="list-style-type: none"> If “YES” is selected, choose an option from at least one (1) of the Related Causes drop-down lists. Optionally, complete the remaining fields.

	<p>8. Select “Yes” or “No” for the “Is this claim accident related?” question</p> <p>9. Select “Yes” or “No” for the “Does this claim have backup documentation?” question</p> <p>10. Select “Yes” or “No” for the “Does this claim require a diagnosis code?” question</p>	<ul style="list-style-type: none"> • Backup Documentation: <ul style="list-style-type: none"> • If “YES” is selected for this question, add a Claim Note and enter the EZLink information relating to the backup documentation for the claim. • Claim Notes are restricted to 80 characters. • Diagnosis codes are required for oral/maxillofacial surgery and/or anesthesiology Services
Action	Submit Dental Claims Online – Basic Line Item Information	Notes
Basic Line Item Information	<p>1. Enter a date in the Service Date. </p> <p>2. Optionally, enter the Appliance Placement Date. </p> <p>3. Optionally, enter the Place of Service. </p> <p>4. Optionally, enter the Treatment Start and Completion Date.  </p> <p>5. Optionally, select an option in the Area of Oral Cavity drop-down list. </p> <p>6. Enter Fees. Fees: \$  *</p> <p>7. Optionally, enter the Tooth Number/Letter. </p> <p>8. Optionally, select an option in one of the five (5) Surface drop-down lists. </p> <p>9. Enter a Procedure Code.  *</p> <p>10. Optionally, enter the Quantity. </p> <p>11. Optionally, enter the Procedure Description.  </p> <p>12. Select a Diagnosis Pointer from drop-down, if applicable.    </p> <p>13. Enter Prior Authorization/Referral Number information if different then information reported at the header of claim</p>	<ul style="list-style-type: none"> • If more than 1 procedure code is reported on the ADA, you must enter each service separately and click on Add Service Line Item after each entry. • Only add Appliance Placement Date if different from the one entered in the header • The area of oral cavity is required if it is applicable • Tooth number/ letter is required if it is applicable • Surface is required if it is applicable • Quantity is required for Procedure Code D0230 • A diagnosis pointer is required if a diagnosis code is entered on the claim • The referral number can be used if the claim includes a second prior authorization number. • Enter the Rendering Provider ID ONLY if it is different from the one entered in the header.

	<p>a. Enter the Prior Authorization Number Prior Authorization Number: <input type="text"/> *</p> <p>b. Select "Yes" or "No" if the Prior Authorization is a MDCH PA MDCH PA: <input type="radio"/> Yes <input type="radio"/> No</p> <p>14. Optionally, enter the Rendering Provider ID, select a Type from the drop-down list, and enter a Taxonomy Code</p> <p>15. Optionally, enter the Supervising Provider ID, select a Type from the drop-down list</p> <p>16. Click the Add Service Line Item <input type="button" value="Add Service Line Item"/> button</p> <ul style="list-style-type: none"> ○ The Service Line Item will appear under the "Previously Entered Line Item Information" section ○ Optionally, click Line No. to retrieve line item information for editing ○ Optionally, click Insurance Info hyperlink to add other insurance information at the line level ○ Optionally, click <input type="button" value="Copy"/> to duplicate the service line ○ Optionally, click <input type="button" value="Delete"/> to delete service line <p>17. Repeat Steps 1 – 8 to add additional Service Lines</p> <p>18. Click the Update Service Line Item <input type="button" value="Update Service Line Item"/> button to make changes to a previously added Service Line</p> <p>19. Click the Submit Claim button in the upper left hand corner of the screen. <input type="button" value="Submit Claim"/></p> <p>a. If you wish to save the claim as a Template prior to clicking Submit Claim <input type="button" value="Submit Claim"/> click the Save as Template <input type="button" value="Save as Template"/> button</p> <p>b. A confirmation message appears providing a Template Number, click the Print button on the Print Pop Up <input type="button" value="Print"/></p> <p>c. To locate the Template click on the Menu bar <input type="button" value="Menu"/> then Claim Submission then Search</p>	<ul style="list-style-type: none"> • Enter the Supervision Provider ID ONLY if it is different from the one entered in the header. • The Update Service Line Item button is only applicable if Service Lines have previously been added to the claim. • If no errors are detected, a confirmation message appears providing a TCN (Transaction Control Number). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors. • Select the claim Template within the list page or find the Template by selecting an option such as "Template Number" in the filter by menu Filter By : <input type="text"/> . • TCN replaces CRN
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	Template 20. Click the Print button on the Print Pop Up screen which contains the TCN (Transaction Control Number). Print	
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